

1 **OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES**

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3 **Resolution No. 32 – 2024**

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5 **Introduced by:** Medical Student Section

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7 **Subject:** Supporting Expanded Naloxone Availability and Training and
8 Encouraging Mandated Access in Public Institutions

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10 **Referred to:** Resolutions Committee No. 2
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14 **WHEREAS**, the Ohio overdose crisis remains at catastrophic levels, with 5,174
15 lives lost to overdose in 2021 – the highest number of unintentional overdose deaths
16 per year on record, a 3% increase from 2020 and 28% increase from 2019¹; and

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18 **WHEREAS**, naloxone is clinically proven to reduce mortality in people with opioid
19 dependence compared to placebo²; and

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21 **WHEREAS**, in March 2023, the U.S. Food and Drug Administration approved
22 naloxone for over-the-counter (OTC), nonprescription use³; and

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24 **WHEREAS**, according to the World Health Organization, those most likely to
25 witness an overdose include people at risk of an opioid overdose, their friends or a
26 family member, and those individuals whose work may bring them in contact with
27 people who have overdosed⁴; and

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29 **WHEREAS**, the Substance Abuse and Mental Health Services Administration
30 identifies schools and workplaces as appropriate settings for readily accessible
31 naloxone⁵; and

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33 **WHEREAS**, naloxone is available in Ohio from many community-based
34 organizations and health departments including but not limited to behavioral health
35 providers, hospitals, Project DAWN programs, harm reduction programs, and ADAMHS
36 Boards for low or no cost⁵; and

37
38 **WHEREAS**, anyone in Ohio can obtain free naloxone and overdose response
39 education through Project DAWN locations⁶; and

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41 **WHEREAS**, Ohio Revised Code 2925.61 states that a family member, friend, or
42 other person in a position to assist an individual who appears to be experiencing an
43 opioid-related overdose cannot be prosecuted for practicing medicine without a license
44 or for most other drug offenses if that person obtains naloxone in a manner permitted by
45 law, administers the naloxone to a person who appears to be experiencing a drug
46 overdose, and attempts to summon emergency services as soon as practicable⁷; and

47 **WHEREAS**, there exists local precedents across the country for requiring
48 naloxone in public spaces as life-saving interventions for overdose death prevention;
49 and

50 **WHEREAS**, in July 2017, the Akron Public Schools Board of Education passed a
51 motion to equip every middle school and high school in the district with naloxone⁸; and
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53 **WHEREAS**, in July 2023, Mayor Rick Blangiardi of Honolulu, Hawaii signed Bill
54 28 which required naloxone to be available in Oahu bars and restaurants that serve
55 alcohol as of January 1, 2024⁹; and
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57 **WHEREAS**, there is national and state-wide precedent for requiring public
58 spaces to have life-saving medical equipment with brief, understandable training
59 information readily available and accessible on-site (i.e., automated external
60 defibrillators (AEDs)); and
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62 **WHEREAS**, House Bill 47, which mandates AEDs in schools, has passed the
63 Ohio House of Representatives and, as of January 2024, is in Senate Committee¹⁰; and
64 therefore
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66 **BE IT RESOLVED**, that our OSMA supports the widespread implementation of
67 easily accessible naloxone and other safe and effective overdose reversal medications
68 rescue stations (public availability of naloxone and other safe and effective overdose
69 reversal medications through wall-mounted display/storage units that also include
70 instructions) throughout the state following distribution and legislative edicts similar to
71 those for Automated External Defibrillators.
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73 **Fiscal Note:** \$ (Sponsor)
74 \$ 500 (Staff)
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76 **References:**
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- 118 11. AMA Policy: Increasing Availability of Naloxone and Other Safe and Effective
119 Overdose Reversal Medications H-95.932

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122 OSMA Policy:

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124 **Policy 8 – 2023 -- Reducing Barriers and Eliminating Disparities Surrounding Use**
125 **of Medications for Opioid Use Disorder in Ohio**

- 126 1. OSMA Policy 13-2022 - curbing opioid-related deaths in Ohio through
127 medication-assisted treatment and harm reduction services be amended to read
128 as follows:
- 129 2. The Ohio State Medical Association (OSMA) advocates for the use of
130 medication-assisted treatment, including but not limited to methadone or
131 buprenorphine, and harm reduction methods without penalty when clinically
132 appropriate.
- 133 3. The OSMA supports public awareness campaigns to increase education of
134 evidence-based services for opioid addiction, including but not limited to
135 medication-assisted treatment, harm reduction, and recovery services.
- 136 4. The OSMA supports existing and pilot programs for the distribution of fentanyl
137 test strips in at-risk communities in Ohio.

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5. The OSMA supports legislation prohibiting prior authorization requirements and other restrictions on use of evidence-based medications for opioid use disorder.
 6. The OSMA supports research, policy, and education concerning the impacts of racism and classism on patient awareness of and access to substance use disorder treatment.